

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011456

Entity Name: BAYMEADOWS EAST PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9191 R.G. SKINNER PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 20-5832542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CMC OF JACKSONVILLE, INC.
7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS LAMBIASE, JR.

02/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HASHEY, TERRY MD
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name PATTERSON, GUY
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name DUGGAR, PAM
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name TRAYLOR, LINDA
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name KINNEY, PHILIP
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAM DUGGAR

PRESIDENT

02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date